



APPLICATION FOR PHARMACY INTERN / EXTERN REGISTRATION

State Form 12567 (R8 / 5-03)

Approved by State Board of Accounts, 2001

HEALTH PROFESSIONS BUREAU

Board of Pharmacy

402 W. Washington St., Rm W066

Indianapolis, IN 46204

(317) 234-2067

hpb4@hpb.state.in.us

Recent head and shoulder
2" x 2" photo must be
attached to application
Photos must be of
passport quality

* The request for your Social Security number is **MANDATORY** according to IC 4-1-8-1 and this application cannot be processed without it.

Name of applicant (<i>last, first, middle</i>)	
Address (<i>number and street, city, state, ZIP code</i>)	
	E-Mail Address
Date of birth (<i>month, day, year</i>)	Social Security number *

FOR OFFICE USE ONLY	
Receipt number	
Fee	Date (<i>month, day, year</i>)
Certificate number	
Date issued	C.M.

Are you now enrolled in a College of Pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", where?	If "No", do you plan to enroll in a College of Pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", when?
Are you a graduate of a College of Pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", where and when?			
Name and license number of Preceptor (<i>If employed</i>)					
Place of employment (<i>Name and full address of pharmacy</i>)					

If your answer is "Yes" to any of the following, you must attach to this application a sworn and notarized affidavit statement that explains your affirmative answer. Include all related details including any documentation, and describe the event including the location, date, and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to the application.

- Has disciplinary action ever been taken regarding any health license, certificate or registration you hold or have held in any state or country? ☐ Yes ☐ No
- Have you ever been denied a license, certification, registration or permit to practice as a pharmacist intern/extern or any regulated health occupation in any state or country? ☐ Yes ☐ No
- Are there any charges pending against you regarding a violation of any Federal, State or Local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol, or other drugs? ☐ Yes ☐ No
- Have you ever been convicted or pled guilty or nolo contendere to:
 - A violation of any Federal, State, or local law relating to the use, manufacturing, distribution, or dispensing of controlled substance, alcohol, or other drugs? ☐ Yes ☐ No
 - To any offense, misdemeanor or felony in any state (*except for minor violations of traffic laws resulting in fines?*) ☐ Yes ☐ No

I, _____, above named, hereby swear or affirm under the penalties of perjury that the statements
(signature)
made by me in this application for licensure as an Apprentice Pharmacist are true and correct on this _____ day of
_____, 20____.

NOTE TO APPLICANT: The certificate below is not required if previously provided to the Board.

CERTIFICATE OF ENROLLMENT OR GRADUATION IN PHARMACY EDUCATION

To be filled in and signed by the Secretary or Dean of the School or College of Pharmacy of which the applicant is enrolled/a graduate.

This is to certify that _____ is enrolled/a graduate of

Date (month, day, year)	Number of years pharmacy	Number of years pre-pharmacy
Name of School or College of Pharmacy	City, state	
(SEAL)	Signature of Secretary or Dean	

An applicant for registration as a pharmacist intern or pharmacist extern must furnish satisfactory proof to the Board, that he or she is enrolled in a pre-pharmacy or pharmacy curriculum at an accredited school of pharmacy. The period of experience shall be computed from the date of registration as a pharmacist intern and any such person who fails or refuses to register as a pharmacist intern shall receive no credit for experience as an employee in a pharmacy. This certificate as an intern shall be valid for a period of one (1) year from its issuance date and shall expire on May 1. Each certificate may be renewed for an additional year.

To become a pharmacist, the applicant, prior to the examination, shall produce and file such evidence as is satisfactory to the Board of having served as a registered pharmacist intern according to the laws and regulations governing intern/extern time. The Board shall establish standards regarding the minimum period of time acquired by a registered apprentice and shall give due consideration to such factors as the number of hours served per week, the number of hours actually spent in a pharmacy where physician's prescriptions are compounded, and the number of hours spent as apprentice prior to or after graduation from a School of Pharmacy. All such standards established by the Board shall be in the form of a duly promulgated rule or regulation, and said rule or regulation may be changed as the Board, in its discretion, determines necessary based upon the need for training and experience in the field of pharmacy.

Credits for practical experience may not be counted for any work period less than four (4) hours per week or more than sixty (60) hours per week.

The summarization of accredited experience time as indicated on a preceptor's report filed with Executive Director of the Board of Pharmacy after the termination of employment will constitute the formal record of intern /extern time as required by law. Failure of a Preceptor to file such a report invalidates crediting of such intern/extern time.

Any person submitting an application for a certificate as a pharmacist intern/extern may be required to undergo an examination for the purpose of ascertaining education qualifications.

Foreign pharmacists may submit proof of their Foreign Pharmacist Graduate Examination Certificate (FPGEC) or a notarized copy of their diploma from their college of pharmacy in lieu of having the Dean complete the portion of this application.

**SPONSOR'S STATEMENT
FOR REGISTERED APPRENTICE PHARMACIST APPLICATION**

To the Indiana Board of Pharmacy:

I, _____, of _____

County of _____, State of Indiana, do hereby make the following statement for the

benefit of _____ who is an applicant for registration as an Apprentice Pharmacist.

Name of licensed Pharmacist (first, middle, last)	License number
Name of employing pharmacy	Pharmacy permit number
Address of pharmacy (number and street, city, state, ZIP code)	

AFFIDAVIT	
<p><i>Check one:</i></p> <p><input type="checkbox"/> On this day, I certify that I am a licensed pharmacist holding the license number listed above in Indiana and that the above named pharmacy intern will be in my employ, compounding and filling prescriptions for medical practitioners under my supervision at the above named pharmacy.</p> <p><input type="checkbox"/> On this day, I certify that the applicant named herein is enrolled in a college of pharmacy and will be entering an externship program. Within the program the applicant will be filling and compounding prescriptions under the direct supervision of a licensed pharmacist in a licensed pharmacy.</p> <p>I solemnly swear, or affirm that the statements given above are true and correct to the best of my knowledge.</p>	
Signature of licensed Pharmacist	Date signed (<i>month, day, year</i>)